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CONFIRMATION NO. 6809

Bib Data Sheet

SERIAL NUMBER 09/756,978	FILING DATE 01/09/2001 RULE	CLASS 424	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 259277US0
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 05/01/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 0	TOTAL CLAIMS 68	INDEPENDENT CLAIMS 4
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ADDRESS

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TITLE

THERAPEUTIC MODULATION OF THE TUMOR INFLAMMATORY RESPONSE

FILING FEE RECEIVED 1243	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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